



Missouri Department of Conservation

Application for Commercial - Miscellaneous Permits

COMPLETE THIS BOX. PLEASE PRINT.

OFFICE USE ONLY

NAME					
BUSINESS NAME			COUNTY		
ADDRESS			HOME TELEPHONE		
CITY	STATE	ZIP	WORK TELEPHONE		

_____ **Licensed Trout Fishing Area Permit** (560) **\$100.00**
To maintain and operate a licensed trout fishing area and to stock legally acquired trout.

Location: Section _____ Township _____ Range _____

Stream name _____ Miles of frontage owned on this stream _____

Stream name _____ Miles of frontage owned on this stream _____

Stream name _____ Miles of frontage owned on this stream _____

If this is a first time permit application, or if the boundaries of the Licensed Trout Fishing Area have changed since your last application, please attach an aerial photo or topographic map with your property boundaries highlighted.

If this is a first time permit application for a new Licensed Trout Fishing Area, the area's suitability as year-round trout habitat will be evaluated by the Missouri Department of Conservation. This will include taking daytime water temperatures at least three times during July or August unless historic records make this unnecessary.

Source of trout to be stocked: _____

Approval box in lower left corner of the application must be completed by local conservation agent and fisheries biologist.

Signature constitutes acceptance of all rules pertaining to the above permits according to the *Wildlife* Code of Missouri.
ATTENTION: Read and complete the reverse side before signing.

Applicant's Signature _____ Date _____

This is ~~Not~~ a Permit and Does Not Entitle Applicant to Operate.

• Approved	• Disapproved
By _____	
County _____	
Date _____	
DO NOT WRITE IN THIS SPACE (For conservation agent's and fisheries biologist use only)	

ALL PERMITS EXPIRE JUNE 30

DO NOT SEND CASH
Remit Check, Bank Draft or Money Order To:
Missouri Department of Conservation
P.O. Box 180
Jefferson City, MO 65102-0180

ATTENTION: READ AND COMPLETE THIS SIDE

If your street address is different from your mailing address please complete this section. Complete address must be provided in case contact by a conservation agent is required. If you live in a rural area please provide directions to your location.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DIRECTIONS _____
